

2. *A Practical Essay on Stricture of the Rectum; Illustrated by Cases, showing the Connexion of that Disease, with Affections of the Urinary Organs and the Uterus, with Piles and various Constitutional Complaints.* By FREDERICK SALMON, Surgeon to the General Dispensary, Aldersgate street, and formerly House-surgeon to St. Bartholomew's Hospital. London, 1828, pp. 188, 8vo.

The object of this work is to prove that stricture of the rectum is a very common disease, inducing many other important affections; and that surgery furnishes us with means adequate to its removal or alleviation, provided such means are exercised with judgment and science.

Mr. Salmon commences with a brief account of the anatomy and physiology of the rectum. He considers it as composed of three portions, or curvatures: the first commences at the termination of the sigmoid flexure of the colon, and includes nearly half the length of the intestine, its concavity being forwards; the second portion is about three inches and a half in length, and extends to the prostate gland in the male, and under the vagina in the female, and has its concavity upwards; the third comprises the remaining portion of the intestine, and has its concavity slightly inclined backwards. The seat of stricture, according to our author, is most commonly about five or six inches from the anus, at the angle formed at the junction of the upper and middle curvatures, and consequently beyond the reach of the finger; its next most frequent seat is at the junction of the sigmoid flexure with the rectum.

Mr. S. agrees with Mr. White, that there is frequently a constitutional predisposition to stricture, resulting, he believes, from the narrowness of the colon at the sigmoid flexure. Another, and a common case of stricture, he is of opinion, will be found in the administration of large doses of drastic purgatives; indigestion also is a cause, but he denies that it is ever consequent on syphilis. The other causes of stricture are, an enlarged and tender condition of the uterus, carcinoma, enlargement of the prostate gland, and piles—tumours or excrescences growing in the bowels, fistula in ano, &c.

Mr. S. says, that in the commencement, strictures are for the most part simply spasmodic, but that in process of time, from continued irritation, depositions take place between the coats of the bowel, and that ultimately the bowel becomes indurated and thickened; in some instances bands of a firm consistence extend from side to side, forming septa across the bowel.

We pass over the chapter on the symptoms of stricture, as they at most can only lead to a suspicion of its existence, and rouse the practitioner to ascertain its existence by examination.

The treatment of this affection is divided by Mr. S. into the constitutional and surgical. The first comprises topical applications to the neighbouring parts, as leeches to the verge of the anus, cupping the perineum, nates, or loins—attention to diet, keeping the bowels regular by mild laxatives, and especially by injections. The most important part of the treatment, however, is the surgical, or the use of the bougie. Mr. S. gives the following directions for the introduction of this instrument, the rectum being evacuated and tranquillized by the administration, an hour or two previously, of an injection of tepid poppy water with forty or fifty drops of laudanum.

"A full-sized bougie, not less than eleven inches in length, thoroughly soft-

ened and well oiled, adapted to the shape of the passage through which it is to be passed, is to be introduced with the convexity of the first curve towards the sacrum, in which way it is to be passed upwards and backwards about two inches, through the third portion of the bowel, provided it gives no pain, for the introduction will commonly produce an uneasy sensation; we continue to propel the bougie in the same direction, about three or three and a half inches higher, or through the second portion of the rectum; the point of the instrument will now bear directly upon the hollow of the sacrum, and the but-end towards the left side of the body. With a view, therefore, of avoiding the sacrum, and of accommodating the instrument to the great curve of the rectum, we change its position, by describing the segment of a circle from left to right, with the but-end, turning it upwards, at the same time continuing to propel the instrument. Having described this segment, we shall have carried the bougie full four inches farther, or to what may be considered the extent of the rectum. But it is yet to be introduced into the sigmoid flexure; we therefore triflingly depress the but of the instrument, at the same time propelling it upwards, till the whole is fairly within the sphincter—this accomplished, we may be satisfied.

“Upon encountering obstruction, trifling pressure is to be maintained for a minute or two, and if under this careful pressure the pain increase, and the instrument remain stationary, it is to be withdrawn, the next size introduced, and so on from above downwards, till we ascertain the size which passes with trifling pain or difficulty fairly into the sigmoid flexure. Should we doubt whether the bougie has entered this part, the doubt will be removed by relinquishing the pressure from the end of the instrument, when, if the bougie has not entered the sigmoid flexure, it will slowly recoil; we are occasionally apprised of its having entered this part by the passage of air from the bowel.”

Mr. S. allows the bougie to remain in the bowel ten or fifteen minutes, provided it produces no considerable irritation; care being taken to affix a tape through the loop to prevent the instrument being drawn up into the rectum. He repeats the operation at intervals of from three to five days, increasing the size of the bougie, and the period it is suffered to remain in the intestine, according as the circumstances of the case permit. Mr. S. differs from others in the frequency of introducing the bougie; he formerly passed it as recommended by authors, but believing when used daily, and suffered to remain in the bowel eight or ten hours at a time, that the irritation which it caused did not subside during the interval, and that the disease was often aggravated, he determined to introduce it less frequently, and he found that his patients not only experienced less irritation, but that he was enabled to increase the size of the bougie more rapidly.

The instrument used by Mr. S. is composed of fine linen cloth, very heavily coated with wax and a certain portion of diachylon plaster mixed with a small quantity of lamp-black. From immersion in very hot water some minutes previously to being used, it is rendered soft and pliable to any extent, and retains one regular and smooth surface. When introduced into the bowel, it hardens to a degree sufficient to afford considerable resistance to the action of the stricture. The largest size Mr. S. uses is three inches and a half in circumference, the smallest one inch; the medium between the two he subdivides into ten